



JENNIFER M. GRANHOLM
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF EDUCATION
LANSING



MICHAEL P. FLANAGAN
SUPERINTENDENT OF
PUBLIC INSTRUCTION

SCHOOL YEAR 2006-2007

Free and Reduced Price Meals Family Applications

The Child Nutrition and WIC Reauthorization Act of 2004 (Public Law 108-265), enacted June 30, 2004, amended sections of the Richard B. Russell National School Lunch Act (NSLA) affecting the eligibility determination process for free and reduced price benefits under the National School Lunch Program, School Breakfast Program, and the Special Milk Program for Children. As a result of the changes the prototype free and reduced price family application and related materials for 2006-2007 have been updated to reflect the new requirements. The updated prototype and related materials are attached. For detailed instructions please read the attached document "CRITICAL INFORMATION FOR THE FREE AND REDUCED PRICE MEALS FAMILY APPLICATION."

This packet contains:

Required materials that must be provided to households:

- Letter to Households (2 pages)
- Free and Reduced Price Meals Family Application (2 pages)
- Approval-Disapproval Letter to Households (1 page)

Optional application-related materials that may be provided to households:

- Sharing Information with Other Programs (1 page)

Other materials:

- Sample Public Release for Free and Reduced Price Meals (2 pages)
- Eligibility Guidelines for Use in Schools (1 page)
- "CRITICAL INFORMATION FOR THE FREE AND REDUCED PRICE FAMILY APPLICATION"

If you have any questions, please contact the School Meals Program at 517-373-3347.

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CRITICAL INFORMATION FOR THE FREE AND REDUCED PRICE MEALS FAMILY APPLICATION

Program Requirements for Prototype Changes

- **New** programs **must** print the “Free and Reduced Price Meals Family Application and Letter to Parents” prototypes, personalize it with appropriate district/school information, and submit a copy to MDE for approval.
- **Renewing** programs that make changes to the “Free and Reduced Price Meals Family Application and Letter to Parents” prototypes or use a different application format (i.e. scanable) **must** submit a copy to MDE for approval every year.

Family Application Prototype Information

- School Districts are **required** to use the “Free and Reduced Price School Meals Family Application” (SM-4458-C).
- The “Free and Reduced Price School Meals Family Application” cannot be completed and signed before July 1 of the upcoming school year. Annually, Income Eligibility Guidelines are effective from July 1 to June 30.

Family Application Approval Process Information

- Prior school year applications may be used for the first 30 operating days of the current school year or until September 30, whichever comes first. The use of current school year applications must begin by October 1 of the school year. Any prior school year applications used beyond this time will violate federal regulations and result in fiscal sanctions.
- Refer to the “Eligibility Guidance for School Meals Manual” when approving Free and Reduced price school meals. It can be found at: http://www.fns.usda.gov/cnd/Guidance/eligibility_guidance.pdf
- Electronic Benefit Transfer (EBT) Bridge Cards are now used throughout the State of Michigan to replace food stamp coupons. The EBT Bridge Card Number is a 16-digit numerical number, for example: 1234 2345 3456 4567, while the Food Stamp Case Number is an alpha/numerical number beginning with and ending with an alphabet, for example: V9999999A. **The United States Department of Agriculture (USDA) has determined that the number on a household’s EBT Bridge Card can NOT be accepted as a Food Stamp Case Number on applications for meal benefits.** As you receive and review applications for meal benefits, be sure that households providing a Food Stamp Case Number in PART 1 of the application are providing a Food Stamp Case Number and not an EBT Bridge Card Number. Please refer to Food Service Administrative Policy #4, SY 2000-2001: Use of Electronic Benefit Transfer Card Numbers on Applications for Meal Benefits.
- If a household has only one income source, or if all sources are the same frequency (i.e. all weekly), do not use conversion factors. Compare the income or the sum of the incomes to the published IEG for the appropriate frequency and household size to make the eligibility determination.
- If a household reports income sources at more than one frequency, the preferred *new* method is to annualize all income. **Annual Income Conversion: weekly x 52; every 2 weeks x 26; twice a month x 24; monthly x 12**
- Do not round the values resulting from each conversion. Sum all the unrounded converted values and compare the unrounded total to the published IEG for annual income for the appropriate household size.
- Each child must have their Food Stamp, FIP, or FDPIR number listed. (Do not assume all children in the same family share the same number.)

- Eligibility determinations are valid for the entire school year.
- All applications must be readily retrievable by building for each child eligible to receive free or reduced meals. Availability of the application by building can be accomplished by copying the family application for each child listed. These applications and “copies” can then be filed alphabetically in one central location or filed in each building. This method achieves the “one piece of paper for each child” without the parent completing multiple applications.
- A household application can also be filed and retrieved by a number system using a computer database or spread sheet cross reference system. A cross reference system might use an application number given to each household family application. A child in the household would have their application number listed with their information on the building rosters. The system used must clearly identify the location of the family application for any child listed on that application. Any one building in a district selected for review must be able to retrieve all applications for the students in that building.
- Every month sponsors should print and retain a roster of students eligible for free and reduced price meals. This record serves as a basis for the claim for reimbursement and for audit and review purposes. It must be kept three years after the date of the final claim for reimbursement for the fiscal year to which they pertain or as long as there are unresolved audit findings related to those records.

Sharing Information with Other Programs

- School food authorities may disclose, without parent/guardian consent, participants’ names and eligibility status (whether they are eligible for free meals or free milk or reduced price meals) to persons directly connected with the administration or enforcement of *Federal education or State education programs* such as Title I, MEAP, and NCLB.
- The attachment “Sharing Information with Other Programs” **must** be used when a School/District plans to use information on free and reduced applications for purposes other than evaluating eligibility for school meals or for programs authorized by the National School Lunch Act (42 USC 1758 (b)(2)(C)(iii)). A signature from the parent or legal guardian must be on file before the school/district can release any information. Please refer to Food Service Administrative Policy #4, SY 98-99: Parental Consent to Release Information for Free and Reduced Price Meal Eligibility.

FDPIR-Food Distribution Program on Indian Reservations

- As stated in Eligibility Guidance for School Meals Manual (August, 2001), Part 6- Categorical Eligibility, a child from a household currently certified to receive benefits through the Food Distribution Program on Indian Reservations (FDPIR) is categorically eligible for free benefits in the National School Lunch Program.
- When a household submits a complete application that contains: (1) the name of the child, (2) a current FDPIR case number or identifier (with Program affiliation, i.e. “Sault Ste. Marie Commodity Program”), and (3) an adult signature, the determining official must approve the child for free meals or free milk, as applicable.
- For further information please refer to: <http://www.fns.usda.gov/fdd/programs/fdpir/>

Special Milk Program

- The Special Milk Program and Application for Free Milk materials can only be provided to students who do not have access to the National School Breakfast or Lunch Program (i.e. ½ day afternoon kindergarten). School food authorities may **not** claim the Special Milk Program for students who purchase/receive only milk when the Breakfast or Lunch Program is available.

Verification

- Verification of eligibility for free and reduced priced School Meals must be done each year. The size of the sample is based on the number of approved applications on file as of October 1, 2006. **The deadline for completing Verification of Eligibility for School Meals is November 15, 2006.** Verification activities and outcomes must be reported on the Michigan Department of Education Verification web site by **March 1, 2007**.
- A confirmation review must be done of all applications selected for verification. On the back side of the "Free and Reduced Price Meals Family Application" under the Verification section there is a line for the Confirmation Official to sign after they have reviewed the application.

Homeless, Migrant, and Runaway

- Homeless, migrant, and runaway youth are categorically eligible for free meals.
- Please refer to "Categorical Eligibility for Free Lunches and Breakfasts of Runaway, Homeless, and Migrant Youth: Reauthorization 2004 Implementation Memo SP4"
http://www.fns.usda.gov/cnd/Governance/policy/Reauthorization_04/2004-07-19.pdf

Dear Parent/Guardian:

Children need healthy meals to learn. _____ School(s) offers healthy meals every school day. Students may buy lunch for \$_____ and breakfast for \$_____. Your children may qualify for free meals or for reduced price meals. We sell reduced price lunches for \$_____ and breakfasts for \$_____. If a doctor has determined that your child has a disability, and the disability would prevent the child from eating the regular school meal, the school will make any substitution prescribed by a doctor at no extra charge. For further information, please call _____. The doctor's statement, including prescribed diet and/or substitution, must be submitted to the food service department at your school.

1. **Do I need to fill out an application for each child?** No. Complete the application to apply for free and reduced price meals. Use one Free and Reduced Price School Meals Family Application for all students in your household. We cannot approve an application that is not complete, so be sure to fill out all required information. Return the completed application to: _____.
(Name, address, and phone number)
2. **Who can get free meals?** Children in households getting Food Stamps, FIP, or FDPIR and most foster children can get free meals regardless of your income. Also, your children can get free price meals if your household income is within the free limits on the Federal Income Guidelines.
3. **Can homeless, runaway, and migrant children get free meals?** Please call _____ -homeless liaison or migrant coordinator, to see if your child(ren) qualify, if you have not been informed that they will get free meals.
4. **Who can get reduced price meals?** Your children can get low cost meals if your household income is within the reduced price limits on the Federal Income Chart, shown on this application.
5. **Should I fill out an application if I got a letter this school year saying my children are approved for free or reduced price meals?** Please read the letter you got carefully and follow the instructions. Call the school at _____ if you have questions.
(Phone number)
6. **I get WIC. Can my child(ren) get free meals?** Children in households participating in WIC may be eligible for free or reduced price meals. Please fill out an application.
7. **Will the information I give be checked?** Yes, we may ask you to send written proof.
8. **If I don't qualify now, may I apply later?** Yes. You may apply at any time during the school year if your household size goes up, income goes down, or if you start getting Food Stamps, FIP, FDPIR, or other benefits. If you lose your job, your children may be able to get free or reduced price meals.
9. **What if I disagree with the school's decision about my application?**
You should talk to school officials. You also may ask for a hearing by calling or writing to: _____
(Name, address, and phone number)
10. **May I apply if someone in my household is not a U.S. citizen?** Yes. You or your child(ren) do not have to be a U.S. citizen to qualify for free or reduced price meals.
11. **Who should I include as members of my household?** You must include all people living in your household, related or not (such as grandparents, other relative, or friends). You must include yourself and all children who live with you.
12. **What if my income is not always the same?** List the amount that you normally get. For example, if you normally get \$1000 each month, but you missed some work last month and only got \$900, put down that you get \$1000 per month. If you normally get overtime, include it, but not if you get it only sometimes.
13. **We are in the military, do we include our housing allowance as income?** If your housing is part of Military Privatization Initiative, do not include your housing allowance as income. All other allowances must be included in your gross income.

Sincerely,

Application Instructions:

Your children may qualify for free or reduced price meals if your household income falls within the limits on this chart.

Total Family Size	Annual	Monthly	Twice per Month	Every Two Weeks	Weekly
1	\$18,130	\$1,511	\$756	\$698	\$349
2	\$24,420	\$2,035	\$1,018	\$940	\$470
3	\$30,710	\$2,560	\$1,280	\$1,182	\$591
4	\$37,000	\$3,084	\$1,542	\$1,424	\$712
5	\$43,290	\$3,608	\$1,804	\$1,665	\$833
6	\$49,580	\$4,132	\$2,066	\$1,907	\$954
7	\$55,870	\$4,656	\$2,328	\$2,149	\$1,075
8	\$62,160	\$5,180	\$2,590	\$2,391	\$1,196
Each additional person:	6290*	525*	263*	242*	121*

If your entire household gets Food Stamps, FIP, or FDPIR, follow these instructions:

Part 1: Skip this part.

Part 2: Skip this part.

Part 3: List child(ren)'s name, school, grade, check "Yes," and list a case number.

Part 4: Skip this part.

Part 5: Sign and date the form. A Social Security number is not necessary.

Part 7: Answer this question if you choose to.

If you are applying for a homeless, migrant, or runaway child check the appropriate box and contact your Homeless Liaison or Migrant Coordinator. Fill out application by following instructions for ALL OTHER HOUSEHOLDS.

If you are applying for a FOSTER CHILD, follow these instructions:

Part 1: Check the box and list the child's personal use monthly income, if any.

Part 2: Skip this part.

Part 3: **Use a separate application for each foster child.** List the child's name, school, and grade.

Part 4: Skip this part.

Part 5: Sign and date the form. A Social Security number is not necessary.

Part 6: Answer this question if you choose to.

Part 7: Answer this question if you choose to.

ALL OTHER HOUSEHOLDS, including WIC households, follow these instructions:

Part 1: Skip this part.

Part 2: Check the appropriate box, if any.

Part 3: List each child's name, school, and grade.

Part 4: Follow these instructions to report total household income from last month.

Column 1- Name:

- List the first and last name of **each** person living in your household, related or not (such as grandparents, other relative, or friends). You must include yourself and all children living with you. Attach another sheet of paper if you need to.

Column 2- Gross Income:

- Next to each person's first and last name list each type of income received last month. Next to the amount write how often the person got it (weekly, every other week, twice a month, or monthly).
 - Earning from work:* List the gross income each person earned from work. This is not the same as take-home pay. **Gross income is the amount earned before taxes and other deductions.** Net income should **ONLY** be reported for self-owned business, farm, or rental income.
 - All other income:* List the amount each person got last month from welfare, child support, and alimony in the second column. List the amount each person got last month from pensions, retirement, and Social Security in the third column. List All Other Income sources in the fourth column. All Other Income includes Worker's Compensation, unemployment, strike benefits, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), disability benefits, regular contributions from people who do not live in your household, and ANY OTHER INCOME.
 - If the person does not have any income check the last box "Check if no income."

Part 5: An adult household member must sign and date the form, and list a **Social Security Number**, or check the box "I do not have a Social Security Number."

Part 6: Skip this part.

Part 7: Answer this question if you choose to.

Free and Reduced Price School Meals Family Application

Part 1- Foster Child ☐ **YES** Child's spending money per month \$_____. If none available, list \$0.

Part 2- Homeless ☐ **Migrant** ☐ **Runaway** ☐

If the child you are applying for is homeless, migrant, or a runaway check the appropriate box and call the:
District/School Homeless Liason or Migrant Coordinator at _____.

Part 3- Children in School (Use a separate application for each foster child)

Student's Name	School Name	Grade	Does your child receive Food Stamps/FIP/FDPIR? If "YES," you must list a case number.*	
			<input type="checkbox"/> NO	<input type="checkbox"/> YES _____
			<input type="checkbox"/> NO	<input type="checkbox"/> YES _____
			<input type="checkbox"/> NO	<input type="checkbox"/> YES _____
			<input type="checkbox"/> NO	<input type="checkbox"/> YES _____
			<input type="checkbox"/> NO	<input type="checkbox"/> YES _____

*Bridge Card Numbers and Medicaid Only Numbers are NOT ACCEPTABLE case numbers, you must complete Part 4.

If you listed a Food Stamp/FIP/FDPIR case number for EACH child, skip to Part 5.

Part 4- Total Household Gross Income-You must tell us how much and how often it is received.

Gross Income- Example: \$100/month, \$100/twice a month, \$100/every 2 weeks, \$100/week

1- Name (List everyone in household)	2- Gross Income				
	Earnings from work before deductions	Welfare, child support, alimony	Pensions, retirement, Social Security	All other income	Check if NO income
	\$_____/_____	\$_____/_____	\$_____/_____	\$_____/_____	<input type="checkbox"/> NO
	\$_____/_____	\$_____/_____	\$_____/_____	\$_____/_____	<input type="checkbox"/> NO
	\$_____/_____	\$_____/_____	\$_____/_____	\$_____/_____	<input type="checkbox"/> NO
	\$_____/_____	\$_____/_____	\$_____/_____	\$_____/_____	<input type="checkbox"/> NO
	\$_____/_____	\$_____/_____	\$_____/_____	\$_____/_____	<input type="checkbox"/> NO
	\$_____/_____	\$_____/_____	\$_____/_____	\$_____/_____	<input type="checkbox"/> NO
	\$_____/_____	\$_____/_____	\$_____/_____	\$_____/_____	<input type="checkbox"/> NO
	\$_____/_____	\$_____/_____	\$_____/_____	\$_____/_____	<input type="checkbox"/> NO

Part 5 - Signature and Social Security Number (Adult household member must sign.)

If Part 4 is completed, the adult signing the form must also list his or her Social Security Number or check the "I do not have a Social Security Number" box. (See Privacy Act Statement on the back of this page.)

I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will get Federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, my child may lose meal benefits, and I may be prosecuted.

***SIGN HERE: X_____ DATE: _____**

***Adult Social Security Number: _____** ☐ **I do not have a Social Security Number**

Address	City	Zip Code	County
Home Phone	Work Phone		

Do not fill out this part. This is for school use only.

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24, Monthly x 12			
Household Size: _____	Total Gross Income: \$_____	Week_____, Every 2 Weeks_____, Twice a Month_____, Month_____, Annual_____	
Foster Child: _____	Categorical Eligibility: _____	Eligibility: Free_____, Reduced_____, Denied_____	
Temporary Free_____	Time Period: _____ (expires after _____ days)		
Reason for Denial: _____	Income too High _____	Incomplete Application _____	Other (specify) _____
Determining Official's Signature: _____	Date: _____	Date Withdrawn: _____	

Part 6- Foster Children In most cases foster children are eligible for free meals regardless of your household income.

Foster Home License Number: _____ (optional)

____A. The welfare agency or court is legally responsible for the child and the foster home is, in fact, an extension of the welfare agency or court.

____B. The child is a resident of a licensed "Group Foster" home or a residential institution.

****Only the foster child's spending money is counted as income on this application. Do not include money from occasional or part-time jobs like paper routes and babysitting. If you have any questions, please contact the school.**

Part 7- Child's Racial/Ethnic Identity (Optional)

Check one or more racial identities:

____American Indian or Alaskan Native

____Black or African American

____Native Hawaiian or Other Pacific Islander

____Asian

____White

____Other

Check one ethnic identity:

____Hispanic or Latino

____Neither Hispanic nor Latin

Privacy Act Information: Social Security Number

The Richard B. Russell National Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. The Social Security Number of the adult household member who signs the application is required unless you list a Food Stamp or FIP/FDPIR case number for your child, OR if you are applying for a foster child. You must check the "I do not have a Social Security Number" box if the adult household member signing the application does not have a Social Security Number. We will use your information to see if your child is eligible for free or reduced price meals and for administration and enforcement. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look for violations of program rules. These facts must be told to the household member whose Social Security Number is given. Any other use of the Social Security Number must be specified here.

Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discrimination on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write to USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington DC 20250-9410 or call 202-720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.

Verification- FOR SCHOOL USE ONLY

Date Selected for Verification: _____	SAMPLE SELECTION: _____100%	
Response Due from Household: _____	____Focused	____Random
Second Notice Sent: _____	____Basic	____Other _____
FOOD STAMP/FIP ELIGIBILITY:	INCOME: \$ _____	VERIFICATION RESULT:
____Not Confirmed	____Monthly	____Free to Reduced
Confirmed:	____Wage Stubs	____Free to Paid
____Food Stamp Office	____Written Documents	____Reduced to Free
____Notice of Eligibility	____Collateral Contact	____Reduced to Paid
____ATP Card issued monthly	____Agency Records	____No Change
	____Other _____	REASON FOR ELIGIBILITY CHANGE:
Confirming Official's Signature: _____	Date: _____	____Income
Follow-up Official's Signature: _____	Date: _____	____Household Size
		____Refused to Cooperate
DATE ADVERSE NOTICE SENT: _____		____Other _____

SHARING INFORMATION WITH OTHER PROGRAMS

Dear Parent/Guardian:

To save you time and effort, the information you gave on your Free and Reduced Price School Meals Application may be shared with other programs for which your children may qualify. **For the following programs, we must have your permission to share your information. Sending in this form will not change whether your children get free or reduced price meals.**

☐ Yes! **I DO** want school officials to share information from my Free and Reduced Price School Meals Application with _____.
[Name of program specific to your school]

☐ Yes! **I DO** want school officials to share information from my Free and Reduced Price School Meals Application with _____.
[Name of program specific to your school]

☐ Yes! **I DO** want school officials to share information from my Free and Reduced Price School Meals Application with _____.
[Name of program specific to your school]

If you check yes to any or all of the boxes above, fill out the form below. Your information will be shared only with the programs you checked.

☐ No! **I DO NOT** want information from my Free and Reduced Price School Meals Application shared with any of these programs.

If you checked no, stop here. You do not have to complete or send in this form. Your information will not be shared.

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____

Signature of Parent/Guardian: _____ Date: _____

Printed Name: _____

Address: _____

For more information, you may call _____ at _____.

Return this form to:

Dear Parent or Guardian:

Your family application for free and reduced price meals or free milk has been evaluated.

Name of Student	Grade	School

APPROVED

- ☐ Free Lunches
- ☐ Free Breakfast
- ☐ Free Afterschool Snack
- ☐ Reduced price lunches. Your cost: _____ cents per meal.
- ☐ Reduced price breakfast. Your cost: _____ cents per meal.
- ☐ Reduced Price Snack. Your cost: _____ cents per snack.
- ☐ Free Milk

DISAPPROVED

- ☐ Total household income exceeds published income scales.

INCOMPLETE

- ☐ Income by source is not listed. Please send corrected copy.
- ☐ Names of all household members are missing or not listed. Please send corrected copy.
- ☐ Signature of primary wage earner or adult is missing. Please send corrected copy.
- ☐ Social security number of adult who signed the application is missing.
- ☐ Other (specify): _____

You may apply at any time during the school year. If you wish to review the decision further, you have a right to a fair hearing. This may be done by calling or writing the following official:

NAME: _____

TITLE: _____

ADDRESS: _____

TELEPHONE: _____

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write to *USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington DC 20250-9410* or call 202-720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.

Sincerely,

SAMPLE PUBLIC RELEASE FOR FREE AND REDUCED PRICE MEALS

INSTRUCTIONS: Delete references to any programs in which SFA does not participate. If the release covers more than one SFA, provide a list of the SFAs, the programs in which they participate, titles of determining officials, and the names, addresses, and telephone numbers of the hearing officials.

This is the public release that we will send to _____ on _____
(News Media & Major Employers Contemplating Layoffs) (Date)

(Local School Food Authority) today announced its policy for free and reduced price meals

for children unable to pay the full price of meals served under the National School Lunch and School Breakfast Program. The following household size and income criteria will be used for determining eligibility:

Scale for Free Meals or Free Milk

Scale for Reduced Price Meals

Total Family Size	Annual	Monthly	Twice per Month	Every Two Weeks	Weekly		Annual	Monthly	Twice per Month	Every Two Weeks	Weekly
1	\$12,740	\$1,062	\$531	\$490	\$245		\$18,130	\$1,511	\$756	\$698	\$349
2	\$17,160	\$1,430	\$715	\$660	\$330		\$24,420	\$2,035	\$1,018	\$940	\$470
3	\$21,580	\$1,799	\$900	\$830	\$415		\$30,710	\$2,560	\$1,280	\$1,182	\$591
4	\$26,000	\$2,167	\$1,084	\$1,000	\$500		\$37,000	\$3,084	\$1,542	\$1,424	\$712
5	\$30,420	\$2,535	\$1,268	\$1,170	\$585		\$43,290	\$3,608	\$1,804	\$1,665	\$833
6	\$34,840	\$2,904	\$1,452	\$1,340	\$670		\$49,580	\$4,132	\$2,066	\$1,907	\$954
7	\$39,260	\$3,272	\$1,636	\$1,510	\$755		\$55,870	\$4,656	\$2,328	\$2,149	\$1,075
8	\$43,680	\$3,640	\$1,820	\$1,680	\$840		\$62,160	\$5,180	\$2,590	\$2,391	\$1,196
	4420*	369*	185*	170*	85*		6290*	525*	263*	242*	121*

*For each additional household member add:

Children from households whose income is at or below the levels shown are eligible for free and reduced price meals.

Application forms are being sent to all homes with a letter to parents or guardians. To apply for free or reduced price meals, households should fill out the form and return it to the school. Additional copies of the application form are available at the principal's office in each school. Households should answer all questions on the form.

NON FOOD STAMP HOUSEHOLDS: An application which does not contain all of the following information cannot be processed by the school: (1) the total income by source for each household member (such as wages, child support, etc.); (2) names of all household members; (3) social security number of the adult household member who signs the application; and (4) the signature of an household member.

FOOD STAMP/FIP/FDPIR HOUSEHOLDS: If you currently receive Food Stamps, Family Independence Program (FIP), or Food Distribution Program on Indian Reservation (FDPIR) benefits for your child, you only have to list your child's name and Food Stamp or FIP/FDPIR case number and sign the application.

The information provided by the household is confidential and will be used only for the purpose of determining eligibility, verifying data, or qualifying children for other federal and state programs, as authorized by the United States Department of Agriculture. The school or other officials may verify applications at any time during the school year.

Households may apply for benefits at any time during the school year. If a household is not currently eligible but has a decrease in household income, an increase in household size or if a household member becomes unemployed, the household should fill out an application at that time.

In most cases, FOSTER CHILDREN are eligible for these benefits regardless of the household's income. If a household has foster children living with them and they wish to apply for free or reduced price meals for them, the household should contact the school for more information. Under the provisions of the policy _____

(Name, Address & Telephone Number of Hearing Official)

will review applications and determine eligibility.

Parents or guardians dissatisfied with the ruling of the official may wish to discuss the decision with the determining official on an informal basis. The household also has the right to a fair hearing. This can be done by calling or writing the following official: _____.

(Name, Address and Telephone Number of Hearing Official)

Each school and the _____ have a complete policy, which may be reviewed by any interested party.

(Central Office)

REAPPLY: You may apply for meal benefits at any time during the school year. If you lose your job, if your income decreases, if your family size increases, if you begin Food Stamps or FIP/FDPIR, fill out an application at that time.

The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, gender, age, or disability. Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-5964 (voice and TDD).

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Bldg., 1400 Independence Avenue, SW, Washington, DC 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.

You will be informed of application approval or denial.

Eligibility Guidelines for Use in Schools

(This form is for school personnel use only.)

Family income criteria to be used for the 2006-2007 school year for School Lunch, School Breakfast or Special Milk Programs.

A. Scale for Free Meals or Free Milk

B. Scale for Reduced Price Meals

Total Family Size	Annual	Monthly	Twice per Month	Every Two Weeks	Weekly	Annual	Monthly	Twice per Month	Every Two Weeks	Weekly
1	\$12,740	\$1,062	\$531	\$490	\$245	\$18,130	\$1,511	\$756	\$698	\$349
2	\$17,160	\$1,430	\$715	\$660	\$330	\$24,420	\$2,035	\$1,018	\$940	\$470
3	\$21,580	\$1,799	\$900	\$830	\$415	\$30,710	\$2,560	\$1,280	\$1,182	\$591
4	\$26,000	\$2,167	\$1,084	\$1,000	\$500	\$37,000	\$3,084	\$1,542	\$1,424	\$712
5	\$30,420	\$2,535	\$1,268	\$1,170	\$585	\$43,290	\$3,608	\$1,804	\$1,665	\$833
6	\$34,840	\$2,904	\$1,452	\$1,340	\$670	\$49,580	\$4,132	\$2,066	\$1,907	\$954
7	\$39,260	\$3,272	\$1,636	\$1,510	\$755	\$55,870	\$4,656	\$2,328	\$2,149	\$1,075
8	\$43,680	\$3,640	\$1,820	\$1,680	\$840	\$62,160	\$5,180	\$2,590	\$2,391	\$1,196
	4420*	369*	185*	170*	85*	6290*	525*	263*	242*	121*

*For each additional household member add:

All children from families at or below the income levels in Column A are eligible to receive meals, after school snack or milk at no cost**, if available (Special Milk Program). Column A is used for the School Lunch and Breakfast, or Special Milk Program.

In addition, Federal P.L. 94-105 makes mandatory the service of reduced price meals to those children from families within the range of incomes in Column B. These children must be provided with lunches at a price not exceeding 40 cents. If the Breakfast Program or an after school snack program is available, all children qualifying for free and reduced price lunches will also qualify for free and reduced price breakfasts and/or snack. The charge for a reduced price breakfast may not exceed 30 cents; the charge for reduced price snack may not exceed 15 cents.

Column B must therefore be used in providing reduced price meals.

**Service of free milk is optional.

INCOME TO REPORT

Earnings from Work

- Wages/salaries/tips
- Strike benefits
- Unemployment compensation
- Worker's compensation
- Net income from self-owned
- Business, day care business
- Or farm

Welfare/Child Support/Alimony

- Public assistance payments
- Welfare payments
- Alimony/child support payments

Pensions/Retirement/Social Security

- Pensions
- Supplemental Security Income
- Retirement income
- Veteran's income
- Social security

Other Monthly Income/Self-Employment

- Disability benefits
- Cash withdrawn from savings
- Interest/dividends
- Income from estate/trusts/investments
- Regular contributions from persons not living in the household
- Net royalties/annuities/net rental income
- Any other income